

Category: IGO.2 In-Garrison Medical Operations

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Area IGO.2.1 Clinical Services

Introduction This section contains all elements related to clinical services and support activities.

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Element IGO.2.1.1 (formerly CO.1.1.1)

Oversight of Nursing Practice

Evaluation Criteria

- The Chief Nurse (CN) is a member of the Executive Management Committee (EMC) and collaborates with members in policy and decision-making
 - CN provided effective oversight and utilization of nursing personnel
 - Planned/coordinated oversight and training with the Superintendent of Nursing Services (NS)
 - Established a mechanism to:
 - Implement policies and guidance related to nursing practice
 - Facilitated effective communication with all nursing service personnel
 - CN ensured nursing personnel were competent to perform assigned duties
 - Performed a skills assessment of newly assigned nurses
 - Ensured currency of valid and unrestricted nursing licenses
 - Authenticated at least 180 hours of employment as a registered nurse (RN) for all nurses assigned (ARC)
 - Ensured national registry emergency medical technician (NREMT) status was attained and maintained by all medical technicians
 - Ensured all RNs and medical technicians completed appropriate continuing education requirements
 - CN and Superintendent worked with squadron training managers and supervisors to ensure:
 - Completion of OJT/RSV/AFSC/contingency training programs
 - Training completed within timeframe of required directives
 - Promotion of professional development, in-services, continuing education and career development activities
 - Provided Aeromedical Evacuation Crew Member training
 - Established a Staff Development program
 - Established a Monitoring and Evaluation (M&E) program to support the Quality Improvement/Risk Management program
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Scoring

- 4: Criteria met.
- 3: Identified discrepancies were minor, primarily administrative in nature, and unlikely to compromise the squadron's mission.
- 2: Adverse mission support could be expected. For example:
 - CN did not function as an effective member of the EMC
 - Deficient oversight of nursing services (e.g., review of policies/procedures, nursing service minutes)
 - Although a plan was in place to assess competency of nursing staff, it was not fully implemented (e.g., incomplete competency assessments,

potential existed for lapses in nursing licensure/verification of employment, in-service training not documented in 6-part folders)

- 1: CN and Superintendent failed to meet the minimum provisions of the element. Adverse mission impact occurred. For example:
- CN was not a member of the executive team
 - Competency was questionable/compromised due to failure to complete initial skills verification and/or annual RN employment, NREMT verifications and continuing education
 - A mechanism did not exist to promote the professional development of nursing personnel, resulting in low morale and compromised career progression
 - Lapses noted in nursing licenses or NREMT certification
- 0: No evidence of Nursing Services oversight existed.

NA: Not scored.

Protocol	Protocol 9 is the pertinent protocol for this element.
Inspector Contact	For assistance interpreting this element, please call DSN 246-1771/2566 and request an AE nurse inspector.
Reference(s)	AFI 44-119; AFD 46-1; AFI 46-101, Sect A, B, C; AFI 46-102, Section A; AFI 36-2115; AFI 41-117; AFI 41-302; AFI 44-102; 4NOXX CFETP, Part II, Section E; 4FOX1 CFETP, Part I, Sect C and D, Part II Sect D; Continuing Education Approval and Recognition Program (CEARP)

Element IGO.2.1.2 (formerly CO.1.1.2)

Oversight of Squadron Operations/Administrative Support

Evaluation Criteria

Squadron Operations:

- The Director of Operations (or equivalent):
 - Developed and executed a training program for assigned Aeromedical Evacuation Operations Officers (AEOOs)
 - Assigned AEOOs and operations technicians to plan and execute mission taskings
 - Assigned AEOO Instructor(s)
 - Coordinated mission-design-series aircraft training with squadron aircrew training office
 - Documented all AEOO training on AF Form 3828, Aeromedical Evacuation Operations Officer Training Record
- AEOOs acted as liaisons between medical crew and ground support facilities to provide:
 - AE crew management
 - Mission support activities
 - Logistics support
 - Material/equipment management
- Coordinated with squadron training managers and supervisors to ensure:
 - Initial aircraft familiarization and AECOT training completed within timeframe of required directives
 - Completion of OJT/RSV/AFSC/Contingency training programs
 - Promotion of professional development, in-services, continuing education and career development activities

Administrative Support:

- The officer responsible for administrative support:
 - Planned, organized and managed activities associated with peacetime administrative support, such as:
 - Manpower
 - Logistics
 - Information systems
 - Communications
 - Resources
 - Advised commander and EMC on administrative and health services matters
 - Interpreted and directed the implementation of policies governing administrative and health services programs
 - Managed daily operations of administrative activities
 - Coordinated with squadron training managers and supervisors to ensure:
 - Initial aircraft familiarization and AECOT training completed within timeframe of required directives

- Completion of OJT/RSV/AFSC/contingency training programs
 - Promotion of professional development, in-services, continuing education and career development activities
 - The administrative support staff:
 - Evaluated functional duty requirements (AFSC) specific plus non-medical administrative functions
 - Developed effective and efficient training programs to ensure assigned personnel were fully trained to perform duty requirements
 - Planned and performed squadron administrative support functions
 - Coordinated and forwarded communications, directives and publications
 - A mechanism existed to ensure squadron operating instructions were:
 - Reviewed biennially
 - Numbered correctly and properly maintained
 - Medical currency information file (MCIF) maintained IAW directives
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Scoring

- 4: Criteria met.
- 3: Discrepancies were minor, primarily administrative in nature, and unlikely to compromise mission support.
- 2: Partial compliance with evaluation criteria. For example:
- AECOT training was not completed within directed timeframe
 - OI program was not properly managed
 - Communications, directives and publications were not consistently coordinated
 - Interpretation of operations/health services program policies were not consistently communicated to the commander/EMC
- 1: Minimal compliance with evaluation criteria. Significantly compromised program outcomes. For example:
- AEOOs/administrative staff did not receive or complete required training to perform assigned duties
 - Failure to track completion of OJT/RSV/AFSC/contingency training programs
- 0: Noncompliance with evaluation criteria. Impacted the organization's ability to provide services, train or communicate.

NA: Not scored.

Protocol

Protocol 10 is the pertinent protocol for this element.

**Inspector
Contact**

For assistance interpreting this element, please call DSN 246-1771/2566 and request an AE nurse inspector.

Reference(s)

AFI 41-210; AFI 41-301; AFI 41-302; AFI 41-311; AFMAN 36-2105; AFPD 41-2; 4A0X1/4N0X1 CFETPs

Element IGO.2.1.3 (formerly CO.1.1.3)

Management of Controlled and Non-Controlled Medications

Evaluation Criteria

- All medications are stored in a controlled, non-traffic area under secure conditions
 - Local policy identified individuals to carry keys to secured areas
 - Only licensed clinical staff authorized access to controlled substance storage areas
 - Schedule II controlled drugs were stored in a substantial double-locked cabinet
 - All other controlled substances were stored in a secure locked cabinet; access was restricted to authorized personnel only
 - All non-controlled medication inventories were conducted IAW WRM directives for AE Kits (outdated drugs removed and replaced)
 - Perpetual inventory maintained for controlled (scheduled) drugs using:
 - AF Form 582, Pharmacy Stock Record (or automated product) and
 - AF Form 579, Controlled Substance Register
 - AF Forms 579 issued, accounted for and properly annotated by issuing host MTF
 - Biennial inventory report of all controlled substances was:
 - Complete and accurate
 - Submitted on 1 May in odd years (or the first duty day following)
 - Monthly inventory of Schedule II drugs was accomplished by a disinterested officer/NCO or top three grade, appointed by AE commander
 - Utilized AF Form 85, Inventory Adjustment Voucher, to adjust shortages and overages
 - Recorded balance on AF Form 582 and AF Form 579
 - Narcotic destruction properly conducted, witnessed and documented
 - Inventory adjustments (AF Form 85) documented and submitted to commander for review
 - Executive Management Committee (EMC) reviewed all medication inventories annually and on an as needed basis
 - A mechanism was in place to report to the EMC all medication errors, patient adverse reactions to medications and discrepancies in documentation for controlled medications during operational AE missions
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Scoring

- 4: Criteria met.
- 3: Criteria met with minor exceptions, primarily administrative in nature, which did not detract from management of medications. For example:
 - Biennial inventory completed after 1 May of odd years

- 2: Unit did not meet minimum standards and there was the potential for adverse mission impact. For example:
- Medications not stored in approved areas, or access was not limited
 - Perpetual inventory of scheduled drugs not appropriately maintained
 - AF Forms 579 were not accounted for or not properly annotated
 - Monthly inventory not conducted IAW directives
- 1: Adverse mission impact was expected to occur. For example:
- Controlled medications were easily accessible and unsupervised
 - Inventories were inaccurate or not properly conducted
 - Narcotic destruction was not properly conducted and witnessed
 - Command authority did not review inventory adjustments
- 0: The organization failed to meet minimum provisions of the element.

NA: Not scored.

Protocol	There is no protocol for this element.
Inspector Contact	For assistance interpreting this element, please call DSN 246-1771/2566 and request an AE nurse inspector.
Reference(s)	AFI 31-101; AFI 41-302; AFI 44-102; USC 21, CFR 1307.21 (Disposal of Controlled Substances)

Element IGO.2.1.4 (formerly CO.1.1.4)

Infection Control Program – Structure, Administration and Implementation

As part of an evaluation of the infection control program, inspectors will evaluate the Infection Control Plan, Bloodborne Pathogen Control Plan and the Tuberculosis/Airborne Pathogen Control Plan. The Infection Control Committee may consider integrating several plans into one user-friendly document.

Evaluation Criteria

- Infection Control Officer (ICO) and Infection Control Committee (ICC) members were appointed in writing by the commander
- Executive Management Committee (EMC) provided oversight for Infection Control (IC) activities (e.g., EMC minutes, ICC/ICO reports)
- Initial and periodic training was conducted for at-risk personnel in IC principles, tuberculosis (TB)/airborne pathogen exposure control guidelines and bloodborne pathogen exposure prevention
 - Training was documented (e.g., AF Form 55, Employee Safety and Health Record; AF Form 1098, Task Certification and Recurring Training; AF Form 2665, AF Nurse Corps Education Summary; and Web Based Integrated Tracking System [WBITS])

Infection Control:

- Annual Infection Control Plan (ICP) addressed:
 - Scope of the IC program, as appropriate for the mission of the unit
 - Planned surveillance activities and reporting mechanisms (e.g., what is being surveyed, projected schedule, surveillance methodology)
 - Orientation and training requirements for assigned personnel
 - Quality initiatives and improvements
 - Resources required to implement plan
 - Oversight mechanisms/responsibilities for all section-level IC policy and guidance, as appropriate for the mission of the unit
- Surveillance activities were accomplished as outlined/described in the infection control plan
 - Personal protective equipment (PPE), appropriate to the work area, was readily available and used (both in-flight and in squadron work sections)
 - Personnel performing risk associated activities were knowledgeable regarding hazards and unit policies/procedures employed to prevent occupational exposure
- Personnel were trained and fit-tested in the use of the N-95 mask; mask used as unit policies/procedures dictated

Bloodborne Pathogens:

- There was a written exposure control plan (ECP) for controlling bloodborne pathogen exposures (reviewed annually)

- Bloodborne pathogen ECP addressed:
 - Job classifications at risk for exposure to bloodborne infections
 - Methods employed to prevent occupational exposure (in-flight/squadron)
 - Procedures for evaluating exposure incidents (pre- and post-exposure)
 - Mandate for hepatitis B immunization
 - Initial and recurring exposure control education appropriate for work responsibilities and duties
 - Annual and recurring education requirements
 - Needlestick safety
- Exposure data was trended and reported to the infection control committee or infection control review function
- ICO/ IC NCO completed required training within one year of appointment
 - Submitted Infection Control Plan to ICC/EMC for annual review
 - Submitted input to Base Exposure Control Plan (ECP)

Tuberculosis/Airborne Pathogens:

- TB ECP addressed:
 - How to conduct the TB risk assessment
 - Mandate for TB skin testing
 - Identification of at-risk personnel
 - Initial/recurring TB education appropriate for work responsibilities/duties
 - Appropriate personal protective equipment (PPE)
 - Procedures for handling in-flight patients/personnel who present with signs or symptoms of acute TB infection (pre- and post-exposure)

Scoring

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- 4: Criteria met.

 - 3: Deficiencies were minor, primarily administrative in nature, and unlikely to compromise either mission support or patient care. For example:
 - Required training was inconsistently documented on AF Forms 55
 - ICO in place, but did not attend IC Course IAW AFI timelines

 - 2: Program outcomes may be adversely affected. For example, some of the following may be identified:
 - Required plans were not developed
 - Required training was not accomplished or documented
 - Inadequate surveillance activities
 - No EMC oversight of the IC program

 - 1: Few criteria were met. Adverse mission impact was expected to occur.
 - Noncompliance with Occupational Safety and Health Administration (OSHA) or Air Force regulatory requirements
 - Positive TB skin test result ignored and/or failure to block crewmember from flying until appropriate evaluation and treatment completed – entire crew and patients at risk of exposure

0: Criteria not met. No IC program existed.

NA: Not scored.

Protocol

Protocol 11 is the pertinent protocol for this element.

**Inspector
Contact**

For assistance interpreting this element, please call DSN 246-1771/2566 and request an AE nurse inspector.

Reference(s)

AFJI 48-110; AFI 44-108; AFI 91-301 (AFOSH Program); OSHA Directive CPL 2.106; OSHA Directive CPL 2-2.60; OSHA Regulation 29 CFR Part 1910.1030; HA Policy 01-013, Policy for Needlestick Safety for Health Care Workers, 8 Nov 01; AFI 48-115 /ANG Sup 1, CFR Part 1910.1030; AMC/SG AE Infection Control Considerations and Standards of Care; AE Healthcare Worker Blood Post Exposure Plan

Element IGO.2.1.5 (formerly CO.1.1.5)

Quality Improvement/Risk Management

Evaluation Criteria

- QI/RM Program and Function was established; written plan was developed
 - The Executive Management Committee (EMC) provided oversight of the policies and procedures developed to manage the program
 - A process existed to ensure all AE personnel were trained and updated on the program, including improvements
 - QI/RM Plan:
 - Identified important aspects of care
 - Developed indicators/thresholds for evaluation related to patient care
 - Established processes for collecting, analyzing and reporting data
 - Determined effectiveness of actions taken for identified patterns/trends
 - Identified opportunities for improvement and any special training
 - Identified 5 QI concerns with special emphasis given to issues beyond the squadron's control
 - Provided recommendations for improving the program
 - QI Function:
 - Membership represented all areas within the squadron
 - Ensured quality and appropriateness of care are monitored and evaluated
 - Systematically and continually reviewed quality indicators
 - Instituted improvement strategies within its control
 - Recommended corrective measures beyond its authority to the EMC
 - Reviewed program annually and recommended changes
 - Urgent or adverse QI/RM issues or patient outcomes immediately reported to MAJCOM/SG, as appropriate
 - Program appraisal approved by commander and forwarded to HQ AMC/SG with info copy to respective MAJCOM/SG NLT 15 Feb each year
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Scoring

- 4: Criteria met.
- 3: Discrepancies were minor, primarily administrative in nature and unlikely to prohibit program effectiveness. For example, annual program appraisal did not meet required timeline.
- 2: Some, but not all criteria met. Lack of oversight of critical data could potentially compromise future patient outcomes. For example, QI Function was not established; however, a written plan was developed and an annual analysis forwarded to HQ AMC/SG.
- 1: Minimal compliance with criteria. Increased risk of adverse clinical outcomes or incident was likely. For example, monitoring and evaluation program was absent or did not provide data to QI Function in a timely manner, delaying intervention.

0: Criteria not met. No QI/RM program existed.

NA: Not scored.

Protocol

Protocol 12 is the pertinent protocol for this element.

**Inspector
Contact**

For assistance interpreting this element, please call DSN 246-1771/2566 and request an AE nurse inspector.

Reference(s)

AFI 41-302; AFI 44-119; AFR 168-13; JCAHO Standards; AFJH 41-307